

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575671

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5							
6							
7							
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44							
45							
46							
47							
48							
49							
50							
TOTAL IND.		8		8		8	
TOTAL DEP.		8		8		8	
TOTAL CLAIMS							

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
55							
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

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APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							151						
102							152						
103							153						
104							154						
105							155						
106							156						
107							157						
108							158						
109							159						
110							160						
111							161						
112							162						
113							163						
114							164						
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129							179						
130							180						
131							181						
132							182						
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134							184						
135							185						
136							186						
137							187						
138							188						
139							189						
140							190						
141							191						
142							192						
143							193						
144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.			↓	3	↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.			←	17	←		TOTAL DEP.		←		←		←
TOTAL CLAIMS			20				TOTAL CLAIMS						